

2333

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Birth should preferably be made by the person who made the original)

Supplementary Report of Birth

County Registrar's No.*

Place of Birth Globe County Gila No. 273 Glance St.

Registration District

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
<u>Male</u>			

DATE OF BIRTH* May 17, 1914
(Month) (Day) (Year)

FULL NAME James Addison Willis FATHER

FULL MAIDEN NAME Carrie Evelyn Bickford Willis MOTHER

I HEREBY CERTIFY that the child described herein has been named

James Franklin Willis
(Give name in full) (Surname)

Carrie Evelyn Willis
(Parent's Signature)

Dr. L. E. Wightman (Deceased)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

162-517-724